FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M76821 (1)

1. Corporation Name
CONKY'S ENTERPRIZES, INC.

Principal Place of Business
P.O. BOX 1129
SUMMERLAND KEY FL 33042

Mailing Address
P.O. BOX 1129
SUMMERLAND KEY FL 33042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0048462 — Applied For / Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

VURAL, EROL M.
P.O. DRAWER 829
SUMMERLAND KEY FL 33042

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	CONKRIGHT, RICHARD W.
STREET ADDRESS	RT 1, BOX 660C
CITY-ST-ZIP	BIG PINE KEY FL
TITLE	V
NAME	CONKRIGHT, JUANITA
STREET ADDRESS	RT 1, BOX 660C
CITY-ST-ZIP	BIG PINE KEY FL
TITLE	P
NAME	CONKRIGHT, NOLAN
STREET ADDRESS	RT 1, BOX 660C
CITY-ST-ZIP	BIG PINE KEY FL
TITLE	T
NAME	CONKRIGHT, DONALD H.
STREET ADDRESS	RT. 11, BOX 660C
CITY-ST-ZIP	BIG PINE KEY
TITLE	T
NAME	CONKRIGHT, IRA L
STREET ADDRESS	RT 1 BOX 660C
CITY-ST-ZIP	BIG PINE KEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE	[X] Change [ ] Addition
2.2 NAME	IRA I CONKRIGHT	
2.3 STREET ADDRESS	RT1 BOX 660C	
2.4 CITY-ST-ZIP	BIG PINE KEY FL 33043	
3.1 TITLE	PRES	[X] Change [ ] Addition
3.2 NAME	JUANITA E. CONKRIGHT	
3.3 STREET ADDRESS	RT1 BOX 660C	
3.4 CITY-ST-ZIP	BIG PINE KEY FL 33043	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard W Conkright — 4-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD W CONKRIGHT